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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5877

<b>SERIAL NUMBER</b> 09/698,121	<b>FILING OR 371(c) DATE</b> 10/30/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 746200-000062	
<b>APPLICANTS</b> Jerome Aucouturier, Chateny Malabry, FRANCE; Vincent Ganne, La Varenne Saint Hilaire, FRANCE; Gerard Trouve, Castres, FRANCE;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 21967					
<b>TITLE</b> NOVEL VACCINE COMPOSITION OF SURFACTANTS AS ADJUVANT OF IMMUNITY					
<b>FILING FEE RECEIVED</b> 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

APPLICATION NUMBER 09/698,121	FILING DATE 10/30/2000	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO 746200-00006
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APPLICANT  
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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED  
*ASE - none*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED  
*ASE - none*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED  
*ASE - OK*

FR 99 13618 10/29/99

FOREIGN FILING LICENSE GRANTED 02/09/2001

Foreign priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWINGS 0	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 2
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Verified and acknowledged *ASE*  
Examiner's Name Initials

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TITLE  
NOVEL VACCINE COMPOSITION ~~AND USE~~ OF SURFACTANTS AS ADJUVANTS OF IMMUN  
ITY  
*ASE 11/10/01*

FILING FEE RECEIVED \$****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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